

Duplicate

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Artist

FIRST NAME

LAST NAME

6597 Kingswood Dr. Mayfield Hts. 24

NO

STREET

CITY

ZONE

COUNTY

Tel

442-6129

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

[illegible]

**SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.**

Use second blank if required

## IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

*Rose Tapper Poitman*  
SIGNATURE